

**U.S. DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration
AIRMEN CERTIFICATION BRANCH, AFS-760**

**REQUEST FOR COPIES OF MY COMPLETE AIRMAN CERTIFICATION FILE TO BE
RELEASED TO A THIRD PARTY**

PRIVACY ACT: This information is required under the authority of Transportation Title 49 U.S.C. Section 44703 et. seq. Your request cannot be processed unless the data below is complete. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) is optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit, or privilege provided by law; however, failure to provide the SSN and/or DOB may result in the delay of a response or the processing of your inquiry. Routine uses of records maintained in the system include; categories of users and the purpose of such uses i.e., to determine that airmen are certified in accordance with the provision of the Federal Aviation Regulations; repository of documents used by individuals and potential employers to determine validity of airmen qualifications; to support investigative efforts of Federal, State, and local law enforcement agencies; supportive information in court cases concerning individual status and/or qualifications in law suits; to provide data for the Comprehensive Airmen Information System.

Full Name (As it appears on airman certificate/Please print.)

Date of Birth

Place of Birth

(Social Security Number, Certificate Number, Class of Certificate)

(Current Street Address, Apt/Suite Number, PO Box/Rural Route Number)

City

State

Zip Code

The fees for these copies are \$2 for Search of Records, \$3 for Certification of a file, 25 cents for the first page, and 5 cents for each additional page. The method of payment should be a check or money order in the amount of \$10, payable to the FAA. If the cost of the file is more than \$10, a bill will be sent to the third party requestor for the difference; however, if the cost of the file is less than \$10, a refund will be mailed. Check or money order for total fees (payable to the FAA) must accompany request.

Please mail my complete airman file to the following name and address:

I authorize the Federal Aviation Administration to release copies of my complete airman file to the person or company listed above.

Signature (Typed or printed signature is not acceptable.)

Date

**Mail this request to:
Federal Aviation Administration
Airmen Certification Branch, AFS-760
PO Box 25082
Oklahoma City, OK 73125-0082**

**To request copies of your Medical Records, Accident and Incident, or Violation
Information, please contact the appropriate offices below:**

For Medical or combined Student/Medical,
Please contact:
Federal Aviation Administration
Medical Certification Branch, AAM-334
Post Office Box 25082
Oklahoma City, OK 73125-0082

For Accidents, Incidents, or Violation Information
Please contact:
Federal Aviation Administration
Aviation Data System Branch, AFS-620
Post Office Box 25082
Oklahoma City, OK 73125-0082